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Appendix F

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

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1. Name Scott W. Ecklund, MD
2. Address 48217 265th street Brandon, SD 57005
3. Office Sought SD House of Representatives District 25
4. What is your occupation/profession? Physician

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

Sycamore Clinic Sanford Health System	Scott - employee
A R Anderson Southway Corporation	(spouse) Alison - shareholder; board of director
Western Avenue Associates, LLC	(spouse) Alison - associate
Fair Oaks, LLP	(spouse) Alison - limited liability partner
Anderson Children's Trust LLC	(sponse) Alison
The Ideal Weigh To Live	Scott & Alison (sponse)

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

The Ideal Weigh To Live LLP	Scott - 50% Alism 50%
Fair Oaks, LLP	Alison - spouse 25%
Anderson Children Trust LLC	Alison - spouse 25%
Western Avenue Associates, LLC	Alison - Spouse 33.33%
A R Anderson Southway Corporation	Alison - Sponse approximately 8 - 10%

State of South Dakota)
) SS.
County of Minnehaha)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Scott W. Ecklund

Sworn to before me this 10th day of April, 2012.

(Seal)

SARAH LAMBERT
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL

Sarah Lambert
Officer Administering Oath

My commission expires: _____

Revised 1997

My commission expires:
March 13, 2015